

**CITY OF NORTHAMPTON**

**Board of Almoners**

**Application for Northampton Residents for  
Benefits under the Will of Mr. Whiting Street**

*(Application need to be submitted one week prior to a meeting)*

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State and Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Employment Status and Employer** \_\_\_\_\_

**Household Members**

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Income (describe)** \_\_\_\_\_ **\$** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **\$** \_\_\_\_\_  
\_\_\_\_\_ **\$** \_\_\_\_\_  
\_\_\_\_\_ **\$** \_\_\_\_\_

**Expenses**      Rent or Mortgage      **\$** \_\_\_\_\_  
                         Utilities      **\$** \_\_\_\_\_  
                         Groceries      **\$** \_\_\_\_\_  
                         Other      **\$** \_\_\_\_\_  
                         **\$** \_\_\_\_\_

**Savings** \_\_\_\_\_ **\$** \_\_\_\_\_

**Amount of Request** \_\_\_\_\_ **\$** \_\_\_\_\_

**Other Assistance Programs Contacted** \_\_\_\_\_

**Reason for Request** (Please provide any information that will help the Board review your application.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please submit application to:**

City Treasurer George Zimmerman  
Municipal Building  
212 Main Street  
Northampton, MA 01060